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<b>SERIAL NUMBER</b> 10/085,526	<b>FILING OR 371(c) DATE</b> 02/26/2002 <b>RULE</b>	<b>CLASS</b> 501	<b>GROUP ART UNIT</b> 1755	<b>ATTORNEY DOCKET NO.</b> 930008-2066
<b>APPLICANTS</b> Helmut Heide, Kelkheim, GERMANY; Joachim Pabst, Reinheim, GERMANY; Albrecht Dinkelaker, Morfelden-Walldorf, GERMANY; Olaf Pobantz, Wiesbaden, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a CIP of PCT/EP00/08382 08/28/2000				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY DE 19940717.7 08/26/1999				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/16/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 19
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 20792				
<b>TITLE</b> RESORBABLE BONE REPLACEMENT AND BONE FORMATION MATERIAL				
<b>FILING FEE RECEIVED</b> 1070	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	